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## Facsimile Cover Sheet

**To:** Commissioner for Patents  
Examiner: Deepak R. Rao  
**Company:** U. S. Patent and Trademark Office  
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**GROUP 1600**

**From:** Theodore R. West  
**Phone:** (617) 227-7400  
**Fax:** (617) 742-4214  
**Attorney Docket No.:** NCI-006DV1  
**Serial No.:** 09/932,677  
**Group Art Unit:** 1624

**OFFICIAL**

**Date:** April 4, 2003  
**Sent By:** TRW  
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In re the application of: Donald F. Weaver, *et al.*  
 Serial No. 09/932,677  
 Filed: August 16, 2001  
 For: Anti-Epileptogenic Agents

Case Docket No. NCI-006DV1

COMMISSIONER FOR PATENTS  
 BOX AF  
 Washington, D.C. 20231

Sir:

Transmitted herewith for filing in connection with the above-identified application are the following:

- ☒ Amendment and Response to Final Office Action Pursuant to 37 C.F.R. §1.116 (17 pages);  
☒ Request for One-Month Extension of Time (1 page) (in duplicate);

The fee has been calculated as shown below:

(Col 1)	(Col 2)	(Col 3)
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL = 135	MINUS ** 73	= 62
INDEP = 3	MINUS *** 3	= 0
<input checked="" type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP CLAIM		


SMALL ENTITY	
RATE	ADDIT FEE
▲ 9 =	\$ 00
▲ 42 =	\$ 00
▼ 140 =	\$ 00
TOTAL	ADDIT FEE \$0 00

OTHER THAN A SMALL ENTITY	
RATE	ADDIT. FEE
▲ 18 =	\$ 1116.00
▲ 84 =	\$ 0.00
▼ 280 =	\$280.00
TOTAL	\$1396 00

- \* If the entry in Col 1 is less than the entry in Col 2, write "0" in Col 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space

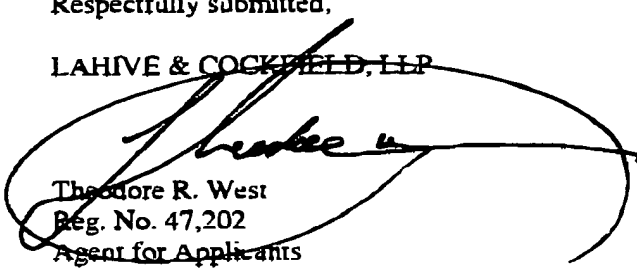
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-0080. A duplicate copy of this sheet is enclosed.  
☒ For the above filing fees under 37 CFR 1.16 for the presentation of extra claims \$1396.00.  
☐ Any patent application processing fees under 37 CFR 1.17.
- ☒ Please charge any additional fees or credit any overpayments associated with this communication to our Deposit Account No. 12-0080. A duplicate copy of this sheet is enclosed. Applicants request any extensions of time necessary to respond

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I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents, BOX AF, Washington, DC 20231 on	
Date	April 4, 2003
	
	Theodore R. West, Reg. No. 47,202

Respectfully submitted,

LAHIVE & COCKFIELD, LLP

  
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 Agent for Applicants